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## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

Application or Docket Number

10008968

|                                                                      |                                                |                                                                | ive Octobe       | 10000 10 8           |                              |                   |                |                |                        |    |                     |                        |
|----------------------------------------------------------------------|------------------------------------------------|----------------------------------------------------------------|------------------|----------------------|------------------------------|-------------------|----------------|----------------|------------------------|----|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                       |                                                |                                                                |                  |                      |                              |                   |                |                | SMALL ENTITY           |    |                     | THAN<br>ENTITY         |
| TOTAL CLAIMS                                                         |                                                |                                                                | 70               |                      |                              |                   | RAT            | E              | FEE                    | 1  | RATE                | FEE                    |
| FOR                                                                  |                                                |                                                                | NUMBER FILED     |                      | NUMBER EXTRA                 |                   | BASIC          | FEE            | 370.00                 | OR | BASIC FEE           | 740.00                 |
| TC                                                                   | TAL CHARGEA                                    | BLE CLAIMS                                                     | ₩ minus 20=      |                      | *                            |                   | X\$ 9          | )=             |                        | OR | X\$18=              |                        |
| INC                                                                  | EPENDENT CL                                    | AIMS                                                           | 3 minus 3 =      |                      | *                            |                   | X42            | =              |                        | OR | X84=                |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT                                     |                                                |                                                                |                  |                      |                              |                   | +140           | )              |                        | OR | +280=               |                        |
| * If the difference in column 1 is less than zero, enter "0" in colu |                                                |                                                                |                  |                      |                              | column 2          | TOT            |                |                        | OR | TOTAL               | -11km 3                |
| CLAIMS AS AMENDED - PART II                                          |                                                |                                                                |                  |                      |                              |                   |                |                |                        | ก  | OTHER               |                        |
| _                                                                    | 1                                              | (Column 1)                                                     | 1                | (Colu                |                              | (Column 3)        | SMA            | LL             | ENTITY                 | OR | SMALL               |                        |
| AMENDMENT A                                                          |                                                | REMAINING<br>AFTER<br>AMENDMENT                                |                  | NUM<br>PREVI         | BER                          | PRESENT<br>EXTRA  | RAT            | Έ              | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                      | Total                                          | *                                                              | Minus            | **                   |                              | =                 | X\$ 9          | <del>)</del> = |                        | OR | X\$18=              |                        |
|                                                                      | Independent                                    | ÷                                                              | Minus            | ***                  |                              | =                 | X42            | =              |                        | OR | X84=                |                        |
| 4                                                                    | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                                                |                  |                      |                              |                   |                |                |                        | Un |                     |                        |
|                                                                      |                                                |                                                                |                  |                      |                              |                   | +140           |                |                        | OR | +280=               |                        |
|                                                                      |                                                | * *                                                            |                  |                      |                              |                   | TO<br>ADDIT. I | TAL            |                        | OR | TOTAL<br>ADDIT. FEE |                        |
|                                                                      |                                                | (Column 1)                                                     |                  | (Colu                | mn 2)                        | (Column 3)        |                |                |                        |    | • •                 |                        |
| AMENDMENT B                                                          |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                      |                  | NUM<br>PREVI         | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA  | RAT            | E              | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                      | Total                                          | ±                                                              | Minus            | ##                   |                              | =                 | X\$ 9          | )=             |                        | OR | X\$18=              | •                      |
|                                                                      | Independent                                    | *                                                              | Minus            | ***                  |                              | =                 | X42            | =              |                        | OR | X84=                | •                      |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                       |                                                |                                                                |                  |                      |                              |                   |                | )=             |                        | OR | +280=               |                        |
|                                                                      |                                                |                                                                |                  |                      |                              |                   | TO<br>ADDIT. I | TAL            |                        | OB | TOTAL<br>ADDIT. FEE | -                      |
|                                                                      |                                                | (Column 1)                                                     |                  | (Colu                | mn 2)                        | (Column 3)        | ADDII. I       |                | <u> </u>               | J  | ADDIT. FELL         |                        |
|                                                                      |                                                | CLAIMS                                                         | 1                | HIGH                 | HEST                         | (Column 3)        |                | ال             | ADDI                   | 1  |                     | 455:                   |
| AMENDMENT C                                                          |                                                | REMAINING<br>AFTER<br>AMENDMENT                                |                  | NUM<br>PREVI<br>PAID |                              | PRESENT<br>EXTRA  | RAT            | E              | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                      | Total                                          | #                                                              | Minus            | ##                   |                              | =                 | X\$ 9          | =              |                        | OR | X\$18=              |                        |
|                                                                      | Independent                                    | й                                                              | Minus            | ***                  |                              | =-                | X42            |                |                        |    | X84=                |                        |
| _                                                                    | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                                                |                  |                      |                              |                   |                |                |                        | OR |                     |                        |
| * 1                                                                  | f the entry in colu                            | nn 1 is less than th                                           | o entry in colu  | mn 2 weite           | e "O" in ac                  | lumo 3            | +140           |                |                        | OR | +280=               |                        |
| **                                                                   | f the "Highest Nur                             | mber Previously Pa<br>mber Previously Pa<br>mber Previously Pa | aid For" IN THIS | SSPACE               | is less tha                  | n 20, enter "20." | TO ADDIT. F    |                |                        | OR | TOTAL<br>ADDIT. FEE |                        |
|                                                                      | The "Highest Num                               | mber Previously Pai<br>ber Previously Pai                      | d For" (Total or | Independ             | ent) is the                  | highest number    | found in the   | е арр          | oropriate box          |    |                     |                        |